U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
ALLYN REYNOLDS	CA 05-201T
DEFENDANT	TYPE OF PROCESS
FLUOR INDUSTRIAL SERVICES, INC., ET AL	

SERVE AT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: Estelle L. Bourque
ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*: 93 Matteson Road, Scituate, RI 02831

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Clerk, U.S. District Court
One Exchange Terrace
Providence, RI 02903

Number of process to be served with this Form 285	1
Number of parties to be served in this case	1
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE ***(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):***

Fold Fold

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
[signature]	☐ PLAINTIFF ☐ DEFENDANT	752-7218	7/20/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 70	No. 70	[signature]	7/20/06

I hereby certify and return that I ☑ have personally served , ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*: ESTELLE L. BOURQUE

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address *(complete only different than shown above)*: 93 MATTESON RD SCITUATE, R.I

Date	Time	
7/24/06	1810	☐ am ☒ pm

Signature of U.S. Marshal or Deputy: C A Moore

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
$ 90.00	$ 49.84		$ 139.84		$0.00

REMARKS: NO ONE HOME 7/21/06 1414HRS C.MOORE (34 MILES) (1 DEPUTY) (1 HR)
SERVED 7/24/06 1810 HRS C.MOORE (78 MILES) (1 DEP) (1 HR)
Estelle Bourque 7-24-06

PRINT 5 COPIES:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00